

933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Tila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>141</u>		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>963</u>		
Town of <u>Miami</u>			Local Registrar No. _____		
or _____					
City of _____	No. _____	St. _____	Ward) _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>William Edward Hastings</u>			If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug 17 - 1922</u> (Month, day, year)
8. FATHER Full name <u>Abraham S. Hastings</u>			14. MOTHER Full maiden name <u>Eleanor Gorgenia Opie</u>		
9. Residence (Usual place of abode) <u>Inspiration</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Inspiration</u> If nonresident, give place and State		
10. Color or race <u>Cauc.</u>			16. Color or race <u>Cauc</u>		
11. Age at last birthday <u>33</u> (Years)			17. Age at last birthday <u>35</u> (Years)		
12. Birthplace (city or place) (State or country) <u>England</u>			18. Birthplace (city or place) (State or country) <u>England</u>		
13. Occupation <u>Shifter Mine</u> Nature of Industry			19. Occupation <u>Housewife</u> Nature of Industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11:45 a.m.</u> on the date above stated. (Born alive or stillborn)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			Signature <u>George A. Paige</u> (Physician or midwife)		
Given name added from a supplemental report _____ (Month, day, year)			Address <u>Miami Arizona</u>		
1682-812-565 Registrar.			Filed <u>Aug 22</u> , 1922 <u>B. H. Hardy</u> Local Registrar. Filed <u>9/7</u> , 1922 <u>B. H. Hardy</u> County Registrar.		